



Kentucky Transportation Cabinet
Division of Right of Way and Utilities
DS&S INSPECTION REPORT

TC 62-67
09/2005

COUNTY	ITEM NO.	PARCEL	NAME
PROGRAM NO.		FEDERAL NO.	PROJECT
Replacement property address:			

REPLACEMENT HOUSING INSPECTION

Type of Replacement Property		Type of Water Supply		No. Occupants -Adult		No. Children		Total No.
<input type="checkbox"/> SFR	<input type="checkbox"/> DUP	<input type="checkbox"/> APT	<input type="checkbox"/> MH	<input type="checkbox"/> OTHER	<input type="checkbox"/> PUBLIC	<input type="checkbox"/> CISTERN	<input type="checkbox"/> WELL	
Purchase Price or Monthly Rent & Utilities		Size of Lot	Typical Size Lot in Area	Size of Dwelling	No. Stories	No. Rooms / Bedrooms / Baths		

	YES	NO		YES	NO
1. Safe ingress and egress			7. Bathroom(s) a. Separate room, properly lighted and ventilated b. Privacy for users c. Fully functional sink (<i>basin</i>) d. Fully functional flush toilet e. Fully functional bathtub or shower stall f. Plumbing in good working order for water supply and sewage system		
2. If 3 or more stories, does each story have 2 exits from a common corridor					
3. Are there any barriers to a handicapped displacee					
4. Structurally sound					
5. Weather tight					
6. Kitchen a. Separate room or area for kitchen use					
b. Sink in good working order			8. Adequate number of bedrooms		
c. Proper connection to sewage system			9. Adequate heating		
d. Proper connection to potable hot/cold water			10. Safe & adequate electrical system		
e. Range (<i>stove</i>) space with utility connections			11. In good repair		
f. Refrigerator space with utility connections					

Indicate which, if any, of the above items do not apply to this dwelling:

I, the undersigned agent, have inspected the proposed replacement property to determine if this property will qualify the displacee to receive a replacement housing payment.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, this property ☐ MEETS ☐ DOES NOT MEET replacement housing standards.

REMARKS:

Relocation Agent

Date